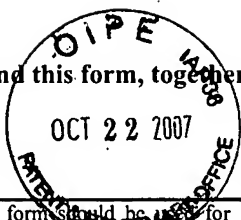


## PART B - FEE(S) TRANSMITTAL

10-23-07

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 or Fax (571)-273-2885



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

21874

7590

08/28/2007

EDWARDS ANGELL PALMER & DODGE LLP  
 P.O. BOX 55874  
 BOSTON, MA 02205

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

|                         |                    |
|-------------------------|--------------------|
| Kathryn Grindrod        | (Depositor's name) |
| <i>Kathryn Grindrod</i> | (Signature)        |
| October 22, 2007        | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
|-----------------|-------------|----------------------|---------------------|------------------|

10/626,396

07/23/2003

Eiji Kamimura

59615 (49381)

1061

TITLE OF INVENTION: METHOD OF CORRECTING ADJUSTMENT VALUE FOR IMAGE FORMING APPARATUS, IMAGE FORMING APPARATUS, AND MEMORY MEDIUM

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|
|-------------|--------------|---------------|---------------------|----------------------|------------------|----------|

nonprovisional

NO

\$1400

\$300

\$0

\$1700

11/28/2007

10/23/2007 NHUYEN2 00000066 041105 10626396

| EXAMINER      | ART UNIT | CLASS-SUBCLASS |
|---------------|----------|----------------|
| NGUYEN, LAM S | 2853     | 347-019000     |

01 FC:1501

1440.00 DA

02 FC:1504

300.00 DA

03 FC:1501

30.00 DA

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 David G. Conlin

2 David A. Tucker

3 Edwards Angell Palmer &amp; Dodge LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SHARP KABUSHIKI KAISHA

OSAKA

JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 04-1105 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature David A. TuckerDate October 22, 2007Typed or printed name David A. TuckerRegistration No. 27,840

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Application No. (if known): 10/626,396

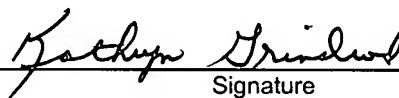
Attorney Docket No.: 59615(49381)

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. **EM 005398981 US** in an envelope addressed to:

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P.O. Box 1450  
Alexandria, VA 22313-1450

on October 22, 2007  
Date

  
Signature

Kathryn Grindrod

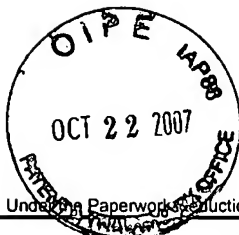
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Registration Number, if applicable

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Fee Transmittal (2 pages)  
Part B - Fee(s) Transmittal (2 pages)  
Return Receipt Postcard  
Authorization to charge \$1,770.00 to deposit account 04-1105



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|   |                      |                          |                        |
|---|----------------------|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b><br><b>FEE TRANSMITTAL</b><br><b>For FY 2007</b> |                      | <b>Complete if Known</b> |                        |
|   |                      | Application Number       | 10/626,396-Conf. #1061 |
|   |                      | Filing Date              | July 23, 2003          |
|   |                      | First Named Inventor     | Eiji Kamimura et al.   |
|   |                      | Examiner Name            | Nguyen, Lam S.         |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27  | Art Unit             | 2853                     |                        |
| <b>TOTAL AMOUNT OF PAYMENT</b>  | <b>(\$)</b> 1,770.00 | Attorney Docket No.      | <b>59615(49381)</b>    |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT (check all that apply)</b>  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer &amp; Dodge LLP</u> |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee                         |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments   |

|   |                     |   |                    |                      |                                  |                       |                       |
|---|---------------------|---|--------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                    |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                      |                                  |                       |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|   |                     | <b>Small Entity</b>                                     |                    | <b>Small Entity</b>  |                                  | <b>Small Entity</b>   |                       |
| <b>Application Type</b>   | <b>Fee (\$)</b>     | <b>Fee (\$)</b>   | <b>Fee (\$)</b>    | <b>Fee (\$)</b>      | <b>Fee (\$)</b>                  | <b>Fee (\$)</b>       | <b>Fees Paid (\$)</b> |
| Utility   | 310                 | 155   | 510                | 255                  | 210                              | 105                   |                       |
| Design  | 210                 | 105   | 100                | 50                   | 130                              | 65                    |                       |
| Plant   | 210                 | 105   | 310                | 155                  | 160                              | 80                    |                       |
| Reissue   | 310                 | 155   | 510                | 255                  | 620                              | 310                   |                       |
| Provisional   | 210                 | 105   | 0                  | 0                    | 0                                | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                      |                                  |                       |                       |
|   |                     |   |                    |                      |                                  | <b>Small Entity</b>   |                       |
|   |                     |   |                    |                      |                                  | <b>Fee (\$)</b>       | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                      |                                  | 200                   | 100                   |
| Multiple dependent claims   |                     |   |                    |                      |                                  | 360                   | 180                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> | <b>Multiple Dependent Claims</b> |                       |                       |
| _____ - 20 = _____  |                     | x _____   | = _____            |                      |                                  |                       |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                      | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>  |                       |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b> |                                  |                       |                       |
| _____ - 3 = _____   |                     | x _____   | = _____            |                      |                                  |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                      |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                      |                                  |                       |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> |                    | <b>Fee (\$)</b>      | <b>Fee Paid (\$)</b>             |                       |                       |
| _____ - 100 = _____   | /50 = _____         | (round up to a whole number) x _____                    |                    | = _____              |                                  |                       |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                      |                                  |                       |                       |
|   |                     |   |                    |                      |                                  | <b>Fees Paid (\$)</b> |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                      |                                  |                       |                       |
| Other (e.g., late filing surcharge): 1501 Utility issue fee   |                     |   |                    |                      |                                  | 1,440.00              |                       |
| 1504 Publication fee for early, voluntary, or normal ...  |                     |   |                    |                      |                                  | 300.00                |                       |
| 8001 Printed copy of patent w/o color   |                     |   |                    |                      |                                  | 30.00                 |                       |

|                     |                        |                                   |                  |
|---------------------|------------------------|-----------------------------------|------------------|
| <b>SUBMITTED BY</b> |                        |                                   |                  |
| Signature           | <u>David A. Tucker</u> | Registration No. (Attorney/Agent) | 27,840           |
| Name (Print/Type)   | David A. Tucker        | Telephone                         | (617) 517-5508   |
|                     |                        | Date                              | October 22, 2007 |